

UC—9 (R-5-04) State of New Jersey Department of Labor and Workforce Development DIVISION OF EMPLOYER ACCOUNTS  <b>EMPLOYER'S CLAIM FOR CREDIT OR REFUND BY REASON OF ERRONEOUS PAYMENT OF CONTRIBUTIONS</b>	EMPLOYER'S NAME AND ADDRESS:          ACCOUNT NO: <span style="border: 1px solid black; display: inline-block; width: 200px; height: 1.2em; vertical-align: middle;"></span>
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No credit or refund can be allowed unless application therefore has been made within two years after the calendar year in which the contributions under consideration were erroneously paid to this Agency	AMOUNT OF CLAIM					
		UNEMPLOYMENT	DISABILITY	WORKFORCE	HEALTHCARE	TOTALS
	EMPLOYER	\$	\$	\$	\$	\$
	WORKER	\$	\$	\$	\$	\$
	TOTALS	\$	\$	\$	\$	\$

BASIS OF REFUND REQUEST
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WERE THE ERRONEOUSLY PAID WORKERS' CONTRIBUTIONS DEDUCTED FROM WORKERS' WAGES?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
IF DEDUCTED, HAVE SUCH CONTRIBUTIONS BEEN REFUNDED TO THE WORKERS' ENTITLED THERETO?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

STATEMENT OF QUARTERLY WAGES ON WHICH CONTRIBUTIONS WERE ERRONEOUSLY PAID					
SOCIAL SECURITY NUMBER	EMPLOYEE NAME	QUARTER ENDED	QUARTER ENDED	QUARTER ENDED	QUARTER ENDED
	TOTALS	\$	\$	\$	\$

IF THE SPACE ABOVE IS INSUFFICIENT, YOU MAY ATTACH ADDITIONAL SHEETS OF PAPER WITH THE SAME HEADINGS.
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IMPORTANT: Section 43:21-16(b)(1) of the New Jersey Unemployment Compensation Law provides penalties for false statements or misrepresentations made to avoid or reduce any contributions required from an employing unit
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STATE OF _____ COUNTY OF _____  Subscribed and sworn before me this _____ day of _____ 20____  _____ Notary Public	I affirm that the foregoing statements are complete and true; that this Claim is just and correct and should be allowed; and that the wages on which refund is claimed were reported as taxable and contributions paid thereon to the New Jersey Employment Security Agency.  Signature _____ Official Position _____ Telephone No _____
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REFUND \$ _____	APPROVED BY: _____
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